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§14-2A-03. IN EFFECT

// EFFECTIVE UNTIL DECEMBER 31, 2025 PER CHAPTER 437 OF 2022 //

(a) There is a Task Force on the Howard County and Montgomery County Adult Day Health Care Services Pilot Program.

(b) The Task Force consists of the following members:

(1) One member of the Senate of Maryland, appointed by the President of the Senate;

(2) One member of the House of Delegates, appointed by the Speaker of the House;

(3) One representative of the Howard County government, designated by the Howard County Executive;

(4) One representative of the Montgomery County government, designated by the Montgomery County Executive;

(5) The Secretary of Aging, or the Secretary's designee;

(6) The Secretary, or the Secretary's designee; and

(7) The following members, appointed by the Governor:

(i) Two representatives of the Maryland Association of Adult Day Services;

(ii) One representative of the home health care industry;

(iii) One representative of the Maryland Managed Care Organization Association; and

(iv) One representative of the Greater Maryland and the National Capital Area chapters of the Alzheimer's Association.

(c) The Governor shall designate the chair of the Task Force.

(d) Howard County and Montgomery County jointly shall provide staff for the Task Force.

(e) A member of the Task Force:

(1) May not receive compensation as a member of the Task Force; but

(2) Is entitled to reimbursement for expenses under the Standard State Travel Regulations, as provided in the State budget.

(f) The Task Force shall:

(1) Examine the status of medical adult day care in the State, including the provision of home health care and medical services to enrollees in medical adult day care programs;

(2) Review and evaluate the list of required services provided under § 14-2A-02(d) of this subtitle;

(3) Review and evaluate the efficacy of providing services using an integrator;

(4) Identify and measure any enhanced continuity of care, using the integrator model, that would allow enrollees to remain in their homes and the community, defer treatment in higher levels of care such as nursing homes, and reduce the incidence of treatment in acute care settings;

(5) Identify and measure any reduction in unnecessary utilization of emergency medical services by enrollees;

(6) Identify and compare differences and similarities between the pilot program, using the integrator model, and the features of the Program for All-Inclusive Care of the Elderly (PACE), including differences and similarities in the populations served;

(7) Identify and measure other potential benefits of the integrator model, such as greater social interaction, additional transportation options, avoidance of food insecurity, and monitoring the administration of medications; and

(8) Make recommendations regarding the implementation of the pilot program on a statewide basis.

(g) On or before October 1 each year, the Task Force shall report its findings and any recommendations to the Governor and, in accordance with § 2-1257 of the State Government Article, the General Assembly.

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